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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Protective Life Insurance Company
<b>TOI/Sub-TOI:</b>	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life		
<b>Product Name:</b>	Revised UL-22SR 1-13		
<b>Project Name/Number:</b>	Revised UL-22SR 1-13/Revised UL-22SR 1-13		

## Filing at a Glance

Company:	Protective Life Insurance Company
Product Name:	Revised UL-22SR 1-13
State:	Arkansas
TOI:	L09I Individual Life - Flexible Premium Adjustable Life
Sub-TOI:	L09I.001 Single Life
Filing Type:	Form
Date Submitted:	10/10/2012
SERFF Tr Num:	PRTA-128720026
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	BETHUL22SRREV
Implementation	On Approval
Date Requested:	
Author(s):	Beth Fledderman
Reviewer(s):	Linda Bird (primary)
Disposition Date:	10/17/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

**State:** Arkansas **Filing Company:** Protective Life Insurance Company  
**TOI/Sub-TOI:** L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life  
**Product Name:** Revised UL-22SR 1-13  
**Project Name/Number:** Revised UL-22SR 1-13/Revised UL-22SR 1-13

## General Information

Project Name: Revised UL-22SR 1-13 Status of Filing in Domicile: Pending  
Project Number: Revised UL-22SR 1-13 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 10/17/2012  
State Status Changed: 10/17/2012  
Deemer Date: Created By: Beth Fledderman  
Submitted By: Beth Fledderman Corresponding Filing Tracking Number:

### Filing Description:

Form Number /// Form Title or Description

UL-22SR 1-13 /// Policy Schedule – Rates, Charges, and Tables

This filing is being submitted for your review and approval, as appropriate. This filing does not contain any unusual or possibly controversial items that vary from normal company or industry standards.

The Company is submitting this form to correct a typographical error made in the original filing of the form. The Monthly Expense Charge was originally listed at \$0.20 per \$1,000 of initial face amount, and has been corrected to be \$20.00 per \$1,000 of initial face amount. It was previously approved by your Department on 10/03/2012; Tracking PRTA-128700867 which included policy form UL-22-AR 1-13, to which this schedule will be attached. Because the form has not been marketed or issued, we are not changing the form number.

The submitted forms are in final print, just, as it will be delivered to contract owners. The company reserves the right at any time to make minor non-material format changes including, but not limited to: paper stock, typeface (but not font size) and page layout that become unavoidably necessary as a result of computer hardware and/or software upgrades and print technology changes. We certify that any necessary format changes will not affect the specific content of the approved forms. These forms have achieved compliance with Flesh Ease of Reading Test Scores.

The forms are being filed concurrently in our domiciliary state of Tennessee.

If you need further information, please contact me via SERFF, e-mail Beth.Fledderman@protective.com or toll-free at 1-800-866-3555 ext. 5539.

## Company and Contact

### Filing Contact Information

Elizabeth Fledderman, Policy Contract elizabeth.fledderman@protective.com  
Filing Specialist  
2801 Highway 280 South 800-866-3555 [Phone] 5539 [Ext]  
Birmingham, AL 35223 205-268-3401 [FAX]

**State:** Arkansas **Filing Company:** Protective Life Insurance Company  
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**Filing Company Information**

Protective Life Insurance Company  
2801 Highway 280  
Birmingham, AL 35223  
(800) 866-3555 ext. [Phone]

CoCode: 68136  
Group Code: 458  
Group Name:  
FEIN Number: 63-0169720

State of Domicile: Tennessee  
Company Type:  
State ID Number:

**Filing Fees**

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1 form = \$50  
Per Company: No

Company	Amount	Date Processed	Transaction #
Protective Life Insurance Company	\$50.00	10/10/2012	63622109

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/17/2012	10/17/2012

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## Disposition

Disposition Date: 10/17/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Certifications		Yes
Form	Policy Schedule - Rates, Charges, and Tables		Yes

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## Form Schedule

Lead Form Number: UL-22SR 1-13							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		UL-22SR 1-13	SCH	Policy Schedule - Rates, Charges, and Tables	Initial:		UL-22SR 1-13.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**POLICY SCHEDULE – RATES, CHARGES, AND TABLES****POLICY NUMBER:** [SPECIMEN]

**Guaranteed Interest Rate:** [2.50]%, annually

**Premium Expense Charge:** [25]% of each premium payment

**Monthly Expense Charge:** \$[20.00] per \$1,000 of initial face amount

**Administrative Charge:** \$[5.50] per [month]

**Partial Surrender Fee:** \$[25.00]

**Projection Request Fee:** \$[50.00]

**Policy Debt Limit:** [100]% of Policy Value

**MAXIMUM MONTHLY COST OF INSURANCE RATES**  
(per \$1,000 of Net Amount at Risk)

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
0		25		50	[\$0.277]	75	[\$3.336]	100	[\$30.175]
1		26		51	[0.299]	76	[3.678]	101	[31.601]
2		27		52	[0.330]	77	[4.074]	102	[33.120]
3		28		53	[0.363]	78	[4.538]	103	[34.737]
4		29		54	[0.406]	79	[5.073]	104	[36.457]
5		30		55	[0.458]	80	[5.656]	105	[38.261]
6		31		56	[0.512]	81	[6.320]	106	[40.179]
7		32		57	[0.569]	82	[7.012]	107	[42.218]
8		33		58	[0.618]	83	[7.758]	108	[44.386]
9		34		59	[0.675]	84	[8.583]	109	[46.688]
10		35	[\$0.091]	60	[0.743]	85	[9.506]	110	[49.133]
11		36	[0.096]	61	[0.827]	86	[10.528]	111	[51.728]
12		37	[0.100]	62	[0.928]	87	[11.645]	112	[54.483]
13		38	[0.108]	63	[1.043]	88	[12.842]	113	[57.409]
14		39	[0.114]	64	[1.163]	89	[14.104]	114	[60.513]
15		40	[0.122]	65	[1.289]	90	[15.422]	115	[63.806]
16		41	[0.132]	66	[1.418]	91	[16.661]	116	[67.299]
17		42	[0.144]	67	[1.548]	92	[17.953]	117	[71.004]
18		43	[0.158]	68	[1.688]	93	[19.315]	118	[74.935]
19		44	[0.175]	69	[1.833]	94	[20.754]	119	[79.102]
20		45	[0.194]	70	[2.008]	95	[22.266]	120	[83.333]
21		46	[0.213]	71	[2.205]	96	[23.649]	121+	[00.000]
22		47	[0.233]	72	[2.463]	97	[25.124]		
23		48	[0.244]	73	[2.736]	98	[26.698]		
24		49	[0.258]	74	[3.023]	99	[28.378]		

**Mortality Basis:** [2001 Commissioner's Standard Ordinary (CSO) rates male or female, age nearest birthday, smoker or non-smoker, as applicable.]

**POLICY SCHEDULE – RATES, CHARGES, AND TABLES (continued)**

**POLICY NUMBER:** [SPECIMEN]

**Loan Interest Rates:** The annual effective loan interest rates applicable on the Policy Effective Date are:

	<b>Policy Years 1–10</b>	<b>Policy Years 11+</b>
<b>Standard Loan</b>	[5.00]%	[5.00]%

**MINIMUM DEATH BENEFIT FACTOR ("MDBF")**

THE PERCENTAGE VARIES ACCORDING TO THE ATTAINED AGE AS SHOWN IN THE TABLE BELOW:

<b>Age</b>	<b>MDBF</b>	<b>Age</b>	<b>MDBF</b>	<b>Age</b>	<b>MDBF</b>	<b>Age</b>	<b>MDBF</b>
35	[392.419]	51	[185.380]	67	[77.989]	84	[25.436]
36	[375.468]	52	[176.188]	68	[73.565]	85	[23.683]
37	[359.118]	53	[167.376]	69	[69.318]	86	[22.049]
38	[343.322]	54	[158.924]	70	[65.228]	87	[20.532]
39	[328.129]	55	[150.850]	71	[61.308]	88	[19.129]
40	[313.472]	56	[143.156]	72	[57.557]	89	[17.828]
41	[299.355]	57	[135.814]	73	[54.010]	90	[16.618]
42	[285.778]	58	[128.800]	74	[50.647]	91	[15.480]
43	[272.733]	59	[122.053]	75	[47.446]	92	[14.367]
44	[260.211]	60	[115.575]	76	[44.398]	93	[13.252]
45	[248.209]	61	[109.370]	77	[41.493]	94	[12.107]
46	[236.710]	62	[103.452]	78	[38.736]	95	[10.888]
47	[225.677]	63	[97.829]	79	[36.138]	96	[9.534]
48	[215.085]	64	[92.496]	80	[33.704]	97	[7.931]
49	[204.833]	65	[87.427]	81	[31.422]	98	[5.947]
50	[194.927]	66	[82.600]	82	[29.298]	99	[3.394]
				83	[27.306]	100+	[0.000]



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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	The applications that are currently planned for use in applying for this product are: PL-110-AR (04/10); Approved 09/01/2010; Tracking SERFF PRTA-126765485; State 46497 ICC12-400; Approved 06/18/2012; Tracking SERFF PRTA-128402938, Compact IC12-00247		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variability.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certifications		
Comments:			
Attachment(s):			
AR Actuarial Filing Certification UL-22SR 1-13.pdf			
AR Universal Life Certification UL-22SR 1-13.pdf			
AR Filing Certification.pdf			

**Statement of Variability**  
**FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY**  
**Policy Form: UL-22 1-13 and state variations**  
**Policy Schedule – General Information: UL-22SG 1-13 and UL-22SGL 1-13**  
**Policy Schedule – Rates, Charges, and Tables: UL-22SR 1-13**  
**Face Amount Adjustment Endorsement: UL-E39 1-13**

**General Variables**

1. Items that vary by applicant and typically completed in "John Doe" fashion.
2. Specimen data provided are for a male, age 35, Non-tobacco with a \$100,000 face amount. Data and table entries that are dependent upon gender, age, rate class, premium pattern, interest rates, etc., are determinable and will populate the appropriate data fields at policy issue.
3. The Schedule Page numbering may vary due to the length of table entries, etc.
4. Schedule Page variables represent anticipated current values and/or maximum values with respect to charges, fees and interest rates assessed against the policy and minimum values with respect to interest rates credited to the policy.
5. Bracketed numbers within the text of the policy body pages may be varied in accordance with applicable state statutory requirements.
6. No variables will change with respect to in-force policies without notification, appropriate regulatory approvals, and (where required) consent of the contract holder, owner or participant.
7. These forms have been generated in final print format. However, due to rapidly changing technology, we wish to reserve the right to use a different font (always at least 10 point).

**Specific Variables**

**POLICY FACE PAGE**

**Company Address and Phone Number:** Will only be changed to accurately disclose the company's correct mailing address and phone number.

**Company State of Domicile:** Will only be changed to accurately disclose the company's state of domicile. This change would not be made until any required notifications or regulatory filings are completed.

**Insured's Name and Policy Number:** Will show the name and policy number.

**Company Officer Name, Title, and Signature:** Will only be changed to accurately disclose the company's officers. This change would not be made until any required notifications or regulatory filings are completed.

## POLICY BODY PAGES

**Terms Used in This Policy; Age:** Will be populated with either age 'nearest' or 'last' birthday as appropriate for the plan of insurance being issued.

**Accessing Policy Values; Loan Interest:** Will be populated with either 'arrear' or 'advance' as appropriate for the plan of insurance being issued.

**Face Amount Increase Amount:** Will show the minimum amount we would consider for a face amount increase. Can range from \$5,000 to \$50,000.

## POLICY SCHEDULE – GENERAL INFORMATION

**Insured:** Insured's Name

**Age:** Insured's age

**Gender:** Insured's gender

**Rate Class:** Possible classes include Select Preferred, Preferred, Non-Tobacco, Tobacco

**Initial Face Amount:** The face amount is chosen by the applicant

**Initial Premium:** The amount of the first premium

**Policy Effective Date:** The effective date of the policy

**Monthly Anniversary Day:** The date of the month on which the monthly anniversary falls

**Automatic Face Amount Decrease Date:** Only prints on UL-22SG 1-13. The date when the face amount begins to automatically decrease per the Decreasing Face Amount Endorsement. Will be 10, 15, 20, 25 or 30 years from the Policy Effective Date and is chosen by the applicant.

**Latest Replacement Date:** The date will be calculated based on the plan of insurance purchased, the initial premium chosen and will not be greater than the Insured's attained Age 70.

**Minimum Initial Face Amount:** Can range from \$50,000 to \$250,000

**Owner:** The owner's name

**Table of Planned Premiums and Face Amounts:** This table will show the Planned Premiums and the Face Amount for each policy year.

## POLICY SCHEDULE – RATES, CHARGES AND TABLES

**Guaranteed Interest Rate:** Can range from 1% to 5%

**Premium Expense Charge:** Can range from 1% to 25%

**Monthly Expense Charge:** Based on Ages, Genders and Rate Classes

**Administrative Charge:** Can range from \$1 to \$50

**Partial Surrender Fee:** Can range from \$5 to \$100

**Projection Request Fee:** Can range from \$5 to \$200

**Policy Debt Limit:** Can vary from 50% to 100%

**Maximum Monthly Cost of Insurance Rates:** Based on Ages, Genders and Rate Classes

**Mortality Basis:** Currently, may vary as to age nearest birthday or age last birthday, according to plan of insurance being issued. Mortality basis will be updated, as necessary by future legislative or regulatory action. Will not be less favorable than 2001 CSO or current required by the state in which the policy is issued.

**Loan Interest Rates:** Can vary from 1% to 8%.

**Minimum Death Benefit Factor:** A percentage of the policy value, as specified by Internal Revenue Code Section 7702, in order to meet the definition of a life insurance contract under either the Guideline Premium Test or the Cash Value Accumulation Test

## FACE AMOUNT ADJUSTMENT ENDORSEMENT

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**Company Address and Phone Number:** Will only be changed to accurately disclose the company's correct mailing address and phone number.

**Company State of Domicile:** Will only be changed to accurately disclose the company's state of domicile. This change would not be made until any required notifications or regulatory filings are completed.

**Face Amount Increase Amount:** Will show the minimum amount we would consider for a face amount Increase. Can range from \$5,000 to \$50,000.

**Company Officer Name, Title, and Signature:** Will only be changed to accurately disclose the company's officers. This change would not be made until any required notifications or regulatory filings are completed.

## CERTIFICATION

I certify that the information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification.

Signed for the Company by:

A handwritten signature in black ink that reads "Keith Kirkley". The signature is written in a cursive style with a horizontal line extending from the end of the name.

---

Keith Kirkley, J.D. MBA  
2nd Vice President, Compliance Officer  
Protective Life Insurance Company

September 6, 2012

PROTECTIVE LIFE INSURANCE COMPANY

STATE OF ARKANSAS

CERTIFICATION

Form Numbers: UL-22SR 1-13

Protective Life Insurance Company (the "Company") certifies that the minimum guaranteed interest rate for accumulation of policy value, the maximum cost of insurance rates, and the maximum policy charges and fees (including but not limited to surrender charges and loan interest rates) to be contained in the captioned policy and schedule forms are hereby filed with the Insurance Commissioner for the State of Arkansas (the "Commissioner"), either as fixed values in the captioned forms or as separate exhibits.

The Company agrees to file any change in such minimum or maximum rates, charges, and/or fees with the Commissioner at least 60 days prior to the proposed effective date of the change. The change will be deemed effective 60 days after the filing date, unless the Commissioner approves or disapproves the change prior to the end of that 60-day period.

The Company also certifies that owners of policies issued on the captioned forms ("policyholders") will be granted an interest rate for accumulation of policy value higher than the minimum guaranteed rate, or will be charged less than the maximum cost of insurance rates or less than the maximum policy charges or fees, only if such adjustment is fair and equitable for policyholders and is for the best interests of the Company and its policyholders.



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David C. Martin, FSA, MAAA  
Vice President and UL Pricing Lead

October 9, 2012

PROTECTIVE LIFE INSURANCE COMPANY

STATE OF ARKANSAS

CERTIFICATION

Form Numbers: UL-22SR 1-13

I certify that the above referenced forms are in compliance with Arkansas Rule and Regulation 34 regarding Universal Life Insurance.

A handwritten signature in black ink, reading "David C. Martin". The signature is written in a cursive style with a horizontal line underneath the name.

---

David C. Martin, FSA, MAAA  
Vice President and UL Pricing Lead

October 9, 2012

**PROTECTIVE LIFE INSURANCE COMPANY**  
**Birmingham, Alabama**

**STATE OF ARKANSAS**

**RULE AND REGULATION 19 CERTIFICATION**

Filing: UL-22SR 1-13

This is to certify that the Company is in compliance with the Arkansas Insurance Department regarding:

Rule and Regulation 19 requirements of Unfair Sex Discrimination in the Sale of Insurance;

Rule and Regulation 49 requirements for Guaranty Association Notice;

Code Ann. 23-79-138 requirements for Consumer Notice

**Keith Kirkley**

Digitally signed by Keith Kirkley  
DN: cn=Keith Kirkley, o=Protective,  
ou=Compliance,  
email=keith.kirkley@protective.com, c=US  
Date: 2012.10.10 08:30:30 -05'00'

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Keith Kirkley, J.D., MBA  
2nd Vice President, Compliance Officer

Date: October 8, 2012